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CONFIRMATION NO. 5239

<b>SERIAL NUMBER</b> 10/777,498	<b>FILING OR 371(c) DATE</b> 02/12/2004 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3711	<b>ATTORNEY DOCKET NO.</b> 01113-1-0010
<b>APPLICANTS</b> Donald P. Ewing, Miami, FL; Felix Clarence Quintanar, Miami, FL; Richard Lenser, Miami, FL; <i>mc</i>				
<b>** CONTINUING DATA *****</b> <i>None</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/11/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>mc</i> Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 34	<b>TOTAL CLAIMS</b> 47
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 26135				
<b>TITLE</b> Self-contained electronic musculoskeletal stimulation apparatus and method of use				
<b>FILING FEE RECEIVED</b> 671	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	